

AUG 05 2005

Atty Docket No. 021919-001010US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner Ren Luo Yan

Group Art Unit 2854

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EXAMINER Ren Luo Yan

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Kevin L. Corcoran, et al., Application No. 10/667,904, filed September 16, 2003 for EMBOSsing SYSTEM TO BE USED WITH A DIE PRESS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Petition for Extension of Time (in duplicate)
3. Amendment Under 37 CFR 1.116

Number of pages being transmitted, including this page: 11

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Jeanette Olivera

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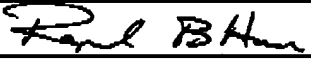
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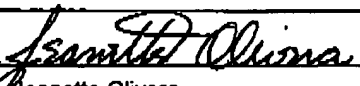
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/667,904	
	Filing Date	September 16, 2003	
	First Named Inventor	Corcoran, Kevin L.	
	Art Unit	2654	
	Examiner Name	Ren Luo Yan	
Total Number of Pages in This Submission	10	Attorney Docket Number	021919-001010US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
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CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (571) 273-8300 on August <u>5</u> , 2005.		
Signature		
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